	2	I pilania Tanaka	PCG Provider No:1-150042	Date of loday's Visit:
				Date - 67 - 4 - 1 - 1 - 1
		ndard precautions.	inspections are concentrated on intection control and standard precautions.	inspections are concentra
diate health, safety and welfare issues will be inspected.	sential for immediate health,	ny mose items considered ess	baring covid-to falldellic. Of	no posti i i i i i i i i i i i i i i i i i i
		hy those items considered and	Provider Inspection Guide During COVID-19 Pandemic Only those Items possible of the Covider Inspection Guide During COVID-19 Pandemic Only those Items possible of the Covider Inspection Guide During COVID-19 Pandemic Only those Items possible of the Covider Inspection Guide During COVID-19 Pandemic Only those Items possible of the Covider Inspection Guide During COVID-19 Pandemic Only those Items possible of the Covider Inspection Guide During COVID-19 Pandemic Only those Items possible of the Covider Inspection Guide During COVID-19 Pandemic Only those Items possible of the Covider Inspection Guide During COVID-19 Pandemic Only those Items possible of the Covider Inspection Guide During COVID-19 Pandemic Only those Items possible of the Covider Inspection Guide During Covider Inspection	Provider Inspection Guide
			ERICA	COMMUNITY TIES OF AMERICA

Date of Today's Visit: 5/19/2020	PCG Provider No:1-150042	Leilanie Tanaka	Allrea	Steven	Dolores Abucayon Mary Joyce Sorolla Me	Mary Joyce Sorolla
6/6/19 Lisa	Name and Credentials of CG		Adovas, NA3	Tanaka, <3HR		1
	(41.a.2) or (3P Staff Leilanie Tanaka					,
			3/10/1956	3/28/1969	6/2/1963	\
3 Client All Caregivers are 21 (3P Staff)	41.b.1) 1 (3P Staff)	,	\	(\	
Date added to home as a SCG	36	-	,			
Liability Insurance (51.a.1)					1107/07/01	6/30/2016
		,	(1	\	\
Fingerprinting (8.a.1) Only 1	Fingerprinting (8.a.1) Only 1 set needed before 11/1/08 - OR-	\	\	\		\
State Name Check (8.a.1) et COVID stay at home orders	State Name Check (8.a.1) eCrim replacing Fingerprint during COVID stay at home orders	\			\	
APS/CAN checks (8.a.2)		\	\	1		
PCG Home Resident (41.a.1)	PCG Home Resident (41.a.1)/SCG HHM Y/N - make sure it is listed in ODIE if HHM	\	\	\		
CTA SCG Approval Form (41.e)	l.e)	1	\	1		
Emerg. Preparedness Plan (Emerg. Preparedness Plan (50.a) COVID-19 Worksheet Only	(
Visitation access - restricting visitors - allowing calls/video chats? (53.b.15)	visitors - allowing calls/video	\				
COVID Resources (54.a.3) C	COVID Resources (54.a.3) Can access COVID websites (CDC &	/				
3 Client-Sign Out (3P Staff) if applicable	applicable	/				

	Fingerprinting or	200
ADOLT HOUSEHOLD MEMBER'S NAME:	eCrim as	(8.a.2)
HHM#1Steven Tanaka husband	\	\
HHM#2		
HHM#3		
HHM#4		
HHM#5		
HHM#6		

What changes do you report to CTA

or MD ordered quarantine, Covid testing results - all must be reported on an AE for everyone in the home Adverse Event policy and forms present - do they know that no matter whom shows signs and symptoms of COVID an AE must be completed, isolation, self

Discharging clients cannot occur without Nurse/MD direction and only in extreme circumstances

Do they understand they will have to take care of clients in the home if they do end up COVID positive

All of your HHM's and SCG's know to let CTA/DHS/APS in immediately when they come They cannot refuse to get a client from an ER or hospital that has been their client when they are ready for discharge unless there are extreme documented c

requirements are being met as much as possible as they will be reviewed next inspection with exceptions being made to expired items within reasonable Homes must understand that during this time we are minimizing inspection requirements. However, they should still be diligent in making sure all PCG has a working email and fax machine - these are required to communicate important COVID information and invoices

	DL	Client #3
CMA#2 Ohana P	ET	Client #2

Foster Family Home - Corrective Action Report

Provider ID:

1-150042

Home Name:

Leilanie Tanaka, NA

Review ID:

1-150042-6

91-1058 Apuu Street

Reviewer:

Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date:

5/19/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home inspection made for a 2 bed CCFFH recertification. Home met all compliance requirements at the time of the home inspection. No corrective action required

Compliance Manager

Primary Care Giver

5/19/2020 Date 5/19/2020

5/19/2020 20:00 PM

Page 1 of 1